



## Medical Certificate

### Competitive sport activity

The undersigned \_\_\_\_\_ (licensed physician), on the basis of the medical tests:

- medical visit
- test of urines (urinalyses)
- electrocardiogram at rest and stress test
- spirometry

diagnostic tests as by the Italian law to be able to practice competitive sports activities (Ministerial Decree 18/02/1982).

### certify that

Name \_\_\_\_\_ Surname \_\_\_\_\_

Born in \_\_\_\_\_ in (date) \_\_\_\_\_

Can practice competitive Athletics sport activity.

This certificate is valid for \_\_\_\_\_ and will expire on \_\_\_\_\_

**Date,**

The Doctor

(stamp and signature)